

10/553807

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		2		1		
6	1		1			
7		1		1		
8	1		1			
9	1		1			
10	1		1			
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20	1		1			
21	1		1			
22		2		1		
23		2		1		
24		2		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		4		1		
34		2		1		
35	1		1			
36	1		1			
37		1		1		
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50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.	←		24	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						